

**PLEASE  
SIGN and RETURN**



**PARTICIPANT'S STATEMENT:**

I have read the above information about the Cancer Genetics Network (or it was read to me by \_\_\_\_\_).  
I have been given the chance to ask questions about it and to discuss it with \_\_\_\_\_.

All of my questions have been answered to my satisfaction. I understand I need to contact MACGN at 1-877-880-6188 if I move or change my phone number. My signature below indicates my voluntary participation in this program.

WE WILL GIVE YOU A COPY OF THIS CONSENT FORM.

\_\_\_\_\_  
Subject's signature  
(including children, when applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (when applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator or Approved Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Consent Procedures\*

\_\_\_\_\_  
Date

\* Optional unless subject is illiterate, or unable to sign.

NOT VALID WITHOUT THE COMMITTEE  
OR IRB STAMP OF CERTIFICATION

**APPROVED**

NOV 14 2000

JOINT COMMITTEE ON  
CLINICAL INVESTIGATION

PROTOCOL WILL EXPIRE: 11/14/01

RPN NO. 97-09-11-01

Form C (Revised 01/98)



NOTE: A COPY OF THE SIGNED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR.



## **QUESTIONS YOU MAY HAVE ABOUT THE CANCER GENETICS NETWORK:**

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This consent form explains the network registry. Please read it carefully. Ask questions about anything you do not understand. If you do not have questions now, you may ask later. While you are part of the registry, you will be told any new facts that could affect whether you want to stay in the registry. We can explain what other alternatives are available outside the network. You should understand those options before you sign this form.

If you have questions you should call the principal investigator,  
Dr. Constance Griffin, at 410-614-6334.



## **PRIVACY INFORMATION:**

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We will keep the research information private to the extent possible by law. However, State law requires us to report certain contagious diseases or if we find information about child abuse. Also, under certain conditions, people responsible for making sure that the research is done properly may review your Registry records. This might include people from Johns Hopkins, the National Institutes of Health, the Food and Drug Administration, or the National Cancer Institute. All of these people are also required to keep your identity confidential. Otherwise, the information that identifies you will not be given out to people who are not working in the Registry, unless you give permission.



## **IF YOU ARE HURT BY BEING IN THE REGISTRY:**

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If you think you have been hurt by being in the Registry, or not treated fairly, you should call the Joint Committee on Clinical Investigation at (410) 955-3008, or the Johns Hopkins Bayview Medical Center Institutional Review Board for Human Research (410) 550-1853 to receive help or advice, including help finding medical care if needed.

The Johns Hopkins University, The Johns Hopkins Hospital, the Johns Hopkins Bayview Medical Center, the National Cancer Institute, and the Federal government do not have any program to pay you if you are hurt or have other bad effects which are not the fault of the research doctors.



## **JOINING OF YOUR OWN FREE WILL (Volunteering for the Registry):**

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You do not have to join this or any registry. If you do join, and later change your mind, you may quit at any time. All normal treatment options will still be available to you.